



It's Time to Enroll in Medicare

Official Notice — Medicare Enrollment Is Required

Our records show your 65th birthday is approaching or you have already turned age 65. At this time, you qualify for Medicare enrollment.

STRS Ohio requires all medical plan participants to be enrolled in Medicare Parts A & B at age 65 or when eligible. Medicare Part B is required for all enrollees. Medicare Part A is also required if it is available to you at no cost (premium free). **If you decline Medicare Part B or premium-free Part A, you will no longer be eligible for STRS Ohio medical coverage.**

Once you've signed up for Medicare, you must submit proof of enrollment to STRS Ohio through your Online Personal Account so we know you're covered.

In this publication, you'll find important details about Medicare enrollment. Additional information about Medicare and STRS Ohio plan options for Medicare enrollees is available in the enclosed *STRS Ohio Health Care Program Guide* and on our website at www.strsoh.org.

If you have questions, please contact STRS Ohio toll-free at 888-227-7877 or by email (go to www.strsoh.org and select "Contact" from the top menu).

- ✓ *Enroll in Medicare Part B for a monthly premium.*
- ✓ *Sign up for Medicare Part A if coverage is premium free.*
- ✓ *Submit your Medicare information through your STRS Ohio Online Personal Account.*

Medicare Enrollment Is Required

To maintain eligibility for STRS Ohio medical coverage, you must enroll in Medicare Parts A & B or Part B-only (when you are not eligible for premium-free Part A). If you believe you are not eligible for Medicare, STRS Ohio will require a letter from your local Social Security Administration office confirming ineligibility.

WHAT IS MEDICARE?

Medicare is a federal health insurance program for people age 65 and older, some people with disabilities under age 65 and people with end-stage renal disease or amyotrophic lateral sclerosis (ALS). A common misconception is that Ohio educators do not qualify for Medicare because they did not contribute to Social Security. However, you are eligible for Medicare when you turn age 65 even if you are not eligible for Social Security retirement benefits.

WHAT IS REQUIRED?

STRS Ohio requires all medical plan participants to be enrolled in Medicare Parts A & B at age 65 or when eligible. If Medicare Part A is not premium-free, you do not need to enroll in Part A. However, Medicare Part B is required. **If you decline Medicare coverage, you will not be eligible for an STRS Ohio medical plan.**

Medicare Part A (hospital insurance)

You must enroll if coverage is premium-free.

Most U.S. citizens or permanent residents age 65 or older qualify for premium-free Medicare Part A based on their own employment history. You are eligible for premium-free Medicare Part A at age 65 if:

- You paid Medicare taxes for at least 40 quarters. This includes working in a federal, state or local government job (including public education) and any jobs in which you contributed to Social Security.
- You receive Social Security or Railroad Retirement benefits or you are eligible to receive these benefits but haven't filed for them yet.

If you do not qualify for premium-free Medicare Part A based on your own employment history, you may qualify based on your current or former spouse's work history if:

- You are currently married for at least one year and your spouse is age 62 or older.
- You are divorced and currently single, and you were married to your former spouse for at least 10 years.
- You are widowed and currently single, and you were married for at least nine months before your spouse died.

Please note, your spouse does not need to apply for Social Security benefits for you to be eligible for premium-free Medicare Part A based on his or her employment history.

Important: If you are not eligible for premium-free Medicare Part A at age 65 but you later become eligible through your spouse, you must contact Social Security to sign up at no cost.

Prior to age 65, you may qualify for Medicare Part A if you have a qualifying disability, end-stage renal disease or ALS.

Medicare Part B (medical insurance)

You must enroll and pay a monthly premium to Medicare.

Almost every U.S. citizen or legal resident in the U.S. for at least five years who is age 65 or older can enroll in Medicare Part B. If you are under age 65 and eligible for Medicare Part A, you may also qualify for Medicare Part B. A monthly premium is required for Medicare Part B coverage. This premium is paid to Medicare, not to STRS Ohio.

No Need for Medicare Part D

You do not need to enroll in Medicare Part D (prescription drug insurance). The medical plans we offer for enrollees with Medicare Parts A & B or Part B-only already include Medicare Part D prescription coverage. Enrollment in any other Medicare Part D plan will cancel your STRS Ohio medical and prescription coverage.

WHEN TO ENROLL IN MEDICARE

Initial enrollment period

You have a seven-month initial enrollment period in which to sign up for Medicare. This period begins three months before you turn age 65, includes the month you turn age 65 and ends three months after the month of your birthday.

For coverage to be effective the month you turn age 65, you must sign up during the first three months of the initial enrollment period (one to three months before the month of your birthday). If you wait to sign up during the last four months of the period, your effective date of Medicare will be the month after you sign up.

For example, if your birthday is in April, you'll need to sign up for Medicare in January, February or March to avoid a delay in coverage. For best results, start the process in January — three months before your 65th birthday.

General enrollment period

If you miss the initial enrollment period, you can enroll during a general enrollment period from Jan. 1 through March 31 each year. Coverage begins the month after you enroll. A lifetime Medicare late enrollment penalty will apply if you don't qualify for a special enrollment period.

Special enrollment period

If you delay enrollment at age 65 because you or your spouse is still employed and covered by a group health plan through the employer, you can enroll in Medicare during a special enrollment period. Special enrollment allows you to enroll without paying a late enrollment penalty during either of the following time frames: (1) at any time while you have employer health coverage (your own or through your spouse); or (2) during the eight-month period that begins the month employer health coverage ends or the month employment ends (whichever comes first). If you do not enroll by the end of the eighth month, general enrollment guidelines apply.

HOW TO ENROLL IN MEDICARE

Enrolling in Medicare is an easy two-step process. However, it may take more than one month for the entire application process to be completed. **For best results, we recommend applying for Medicare three months before your 65th birthday.**

► Step 1 — Sign up for Medicare

Apply for Medicare three months before your 65th birthday so there is no delay in Medicare coverage.

If you are enrolling in both Medicare Parts A & B, you can complete your Medicare application online at www.ssa.gov. If you are not eligible for premium-free Part A and are enrolling in Part B-only, you must visit your local Social Security Administration office or call Social Security toll-free at 800-772-1213 to enroll.

If you visit your local office, find out which documents to bring with you to your appointment.

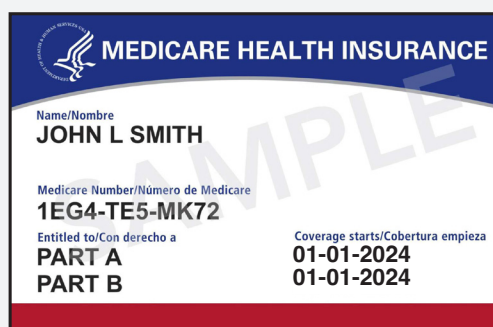
► Step 2 — Provide proof of Medicare enrollment to STRS Ohio

Once you enroll in Medicare, you must provide proof of Medicare enrollment by submitting your Medicare information through your STRS Ohio Online Personal Account. (Your Medicare information can be found on your Medicare card.) To submit your information:

- Log in to your Online Personal Account at www.strsoh.org.
- Click "Health Care."
- Click "Submit Medicare Information" under Useful Links.

If you do not have an Online Personal Account, visit www.strsoh.org and click "Register" at the top of the home page. Once you create your account, follow the instructions above to submit your Medicare information.

Important: If you do not submit proof of Medicare enrollment, you will no longer be eligible for STRS Ohio medical coverage.



Your Medicare Checklist

You qualify for Medicare at age 65 even if you did not contribute to Social Security.

- ❑ Understand STRS Ohio's requirements. All STRS Ohio medical plan participants are required to be enrolled in Medicare Parts A & B at age 65 or when eligible. Medicare Part B is required for all enrollees. Medicare Part A is also required if it is available to you at no cost (premium free). If you decline Medicare Part B or premium-free Part A, you will no longer be eligible for STRS Ohio medical coverage.
- ❑ Enroll in Medicare three months before your 65th birthday. If you are enrolling in both Medicare Parts A & B, you can complete your Medicare application online at www.ssa.gov. If you are not eligible for premium-free Part A and are enrolling in Part B-only, you must visit your local Social Security Administration office or call Social Security toll-free at 800-772-1213 to enroll.
- ❑ Check your Medicare card for accuracy. If any information is incorrect, contact Medicare to request a new card with the correct information.
- ❑ Submit your Medicare information to STRS Ohio through your Online Personal Account.
- ❑ Understand you will be enrolled in the Aetna Medicare Plan after Medicare enrollment is confirmed. If you do not want the Aetna Medicare Plan, you may opt-out of this plan and select the Aetna Basic Plan when you submit proof of Medicare enrollment. Coverage features for both plans can be found in the enclosed *STRS Ohio Health Care Program Guide*.
Note: STRS Ohio must receive proof of Medicare enrollment by the 15th of the month to begin your participation in the Aetna Medicare Plan the first of the following month.
- ❑ View your new premiums in your Online Personal Account. Premiums for benefit recipients have been reduced by a \$30 Medicare Part B premium credit.
- ❑ Pay your Part B premium to Medicare each month. If your Part B premium is not deducted automatically from a federal retirement payment, call Medicare to sign up for Medicare Easy Pay. Be sure to pay your monthly Medicare Part B premium on time to avoid cancellation of your Medicare Part B coverage. If your Part B coverage is canceled, you will no longer be eligible for an STRS Ohio medical plan.

Additional Resources to Assist You

- **Medicare Enrollment and STRS Ohio** — This free online program offered by STRS Ohio helps you learn more about Medicare and provides an opportunity for you to ask questions during the live webinar. To register, go to the Receiving Benefits section of our website at www.strsoh.org and select "Seminars & Webinars."
- **Medicare** — Call 800-633-4227 (toll-free) to ask questions or visit www.medicare.gov to request or review a copy of the publication "Medicare & You."
- **Social Security Administration** — Call 800-772-1213 (toll-free) or visit www.ssa.gov.



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Section 3: Plans and Premiums

Please review this section for the coverage features and premiums of the plans for Medicare and non-Medicare enrollees. Plan options and premiums are based on Medicare status.

Prescription Plan Features for 2024	SilverScript (Medicare) CVS Caremark (Non-Medicare)	
Annual Brand-Name Deductible per Enrollee (Generic drug costs are not subject to nor applied to the deductible.)	\$275 for covered brand-name drugs	
Network Retail/Long-Term Care Pharmacy 31-day Supply (If the cost of the drug is less than the copayment, the enrollee pays the cost of the drug.)	Tier 1: Generic — \$10 Tier 2: Preferred Brand — \$30 (after deductible) Tier 3: Non-Preferred Drug — \$75 (after deductible for brand-name drugs) Tier 4: Specialty (High Cost) — After deductible, lesser of 8% of the cost or \$450 for supply of 1–31 days, \$900 for supply of 32–60 days and \$1,350 for supply of 61–90 days*	You can receive a 90-day supply at any CVS Pharmacy, Longs Drugs or Navarro Discount Pharmacy for the same price as mail service. Low-Cost Generic Drug Program medications are included.
Maximum Day Supply	Retail: 90 days (Medicare); 31 days (non-Medicare) Mail Service: 90 days (Medicare and non-Medicare)	
Mail Service Pharmacy Copayments/Coinsurance (If the cost of the drug is less than the copayment, the enrollee pays the cost of the drug.)	Low-Cost Generic Drug Program medications: \$9 Tier 1: Generic — \$25 Tier 2: Preferred Brand — \$75 (after deductible) Tier 3: Non-Preferred Drug — \$187.50 (after deductible for brand-name drugs) Tier 4: Specialty (High Cost) — After deductible, lesser of 8% of the cost or \$450 for supply of 1–31 days, \$900 for supply of 32–60 days and \$1,350 for supply of 61–90 days*	
Maximum Out-of-Pocket Limit	If an enrollee pays a total of \$4,000 out of pocket in copayments/coinsurance/deductible for covered medications, that enrollee pays nothing for covered medications for the remainder of the year.	

*Non-Medicare enrollees must use CVS Specialty pharmacy; Medicare enrollees may use any specialty pharmacy.

MEDICAL PLAN FEATURES FOR 2024

	Medicare				Non-Medicare	
	Aetna Medicare Plan (Medicare Advantage PPO)		Aetna Basic Plan (PPO or Indemnity)		Aetna Basic Plan (PPO or Indemnity)	
	In-Network (PPO) or Extended Service Area (ESA PPO) ¹	Out-of-Network (PPO) ¹	In-Network and Indemnity ^{2,4}	Out-of-Network ^{2,4}	In-Network and Indemnity ²	Out-of-Network ²
PLAN FEATURES						
Annual Deductible per Enrollee³	\$0	\$500	\$2,500	\$5,000	\$2,500	\$5,000
Out-of-Pocket Maximum³ <small>(Includes deductible, copayments and coinsurance. Excludes prescription costs.)</small>	\$1,500 per enrollee	\$2,500 per enrollee	\$6,500 per enrollee	\$13,000 per enrollee	\$6,500 per enrollee	\$13,000 per enrollee
Lifetime Benefits Maximum per Enrollee	Unlimited		Unlimited		Unlimited	
Health Provider Access	Use network provider (PPO); use any provider that accepts Medicare and the Aetna plan (ESA PPO)	Use any provider that accepts Medicare	Use network provider (PPO); use any covered provider (indemnity)	Use any covered provider	Use network provider (PPO); use any covered provider (indemnity)	Use any covered provider
PHYSICIAN, HOSPITAL, SKILLED NURSING AND HOME HEALTH CARE						
Primary Care Physician Office Visit <small>(Includes in-person, phone and video visits.)</small>	Enrollee pays \$0 (no deductible)	Enrollee pays \$40 after deductible	Enrollee pays \$20 (no deductible)	Enrollee pays 50% after deductible	Enrollee pays \$20 (no deductible)	Enrollee pays 50% after deductible
Specialist Physician Office Visit <small>(Includes in-person, phone and video visits.)</small>	Enrollee pays \$25 (no deductible)	Enrollee pays \$55 after deductible	Enrollee pays 20%		Enrollee pays 20%	Enrollee pays 50%
Urgent Care	Enrollee pays \$40 (no deductible)		Enrollee pays \$40, then 20% after deductible		Enrollee pays \$40, then 20% after deductible	
Hospital Services (Inpatient/Outpatient)	Enrollee pays 4%	Enrollee pays 8%	Enrollee pays 20% ⁵	Enrollee pays 50% ⁵	Enrollee pays 20%	Enrollee pays 50%
Hospital Charges for Outpatient Surgery/Preadmission Testing	Enrollee pays 4%	Enrollee pays 8%	Enrollee pays 20%		Enrollee pays 20%	Enrollee pays 50%
Emergency Room Care	Enrollee pays \$75 (no deductible); copayment waived if admitted		Enrollee pays \$150, then 20% after deductible; copayment waived if admitted		Enrollee pays \$150, then 20% after deductible; copayment waived if admitted	
Skilled Nursing Facility <small>(Benefit period varies by plan.)</small>	Enrollee pays 0% after deductible; no day limit	Enrollee pays 8% after deductible; no day limit	Enrollee pays 20% (90 days per benefit period); after 90 days, enrollee pays 100%	Enrollee pays 50% (90 days per benefit period); after 90 days, enrollee pays 100%	Enrollee pays 20% (90 days per benefit period); after 90 days, enrollee pays 100%	Enrollee pays 50% (90 days per benefit period); after 90 days, enrollee pays 100%
Inpatient Mental Health	Enrollee pays 4%	Enrollee pays 8%	Enrollee pays 20%; no limit on days	Enrollee pays 50%; no limit on days	Enrollee pays 20%; no limit on days	Enrollee pays 50%; no limit on days
Home Health Care	Enrollee pays 0% after deductible; no visit limit	Enrollee pays 8% after deductible; no visit limit	Enrollee pays 20%; no visit limit		Enrollee pays 20%; no visit limit	

¹If providers do not accept Medicare assignment or charge in excess of Medicare payments, the enrollee is responsible for the excess charges.

²For services deemed medically necessary by the plan administrator, indemnity and out-of-network payments are based on allowed amounts determined by the prevailing geographical area fee schedule. If nonparticipating providers charge in excess of these amounts, the enrollee may be responsible for the excess charges.

³Annual deductible must be met before plan begins making payments, unless otherwise noted. In-network and out-of-network accumulations are separate, except for the Aetna Medicare Plan.

⁴Benefits are payable after Medicare payments.

⁵Enrollees with Medicare Part B-only must use in-network providers for hospital services to receive maximum claims payment.

MEDICAL PLAN FEATURES FOR 2024

	Medicare				Non-Medicare	
	Aetna Medicare Plan (Medicare Advantage PPO)		Aetna Basic Plan (PPO or Indemnity)		Aetna Basic Plan (PPO or Indemnity)	
	In-Network (PPO) or Extended Service Area (ESA PPO) ¹	Out-of-Network (PPO) ¹	In-Network and Indemnity ^{2,3}	Out-of-Network ^{2,3}	In-Network and Indemnity ²	Out-of-Network ²
PREVENTIVE SERVICES (If you are treated or monitored for an existing medical condition during the visit when you receive the preventive service, any applicable copayment/coinsurance/deductible will apply for care received for the existing medical condition.)						
Limited designated services such as routine physical, bone density screening, mammogram, colorectal screening, Pap smear and immunizations/inoculations; frequency/age/gender limitations apply based on U.S. Preventive Services Task Force recommendations or Medicare guidelines when applicable. Contact the plan for details.	Enrollee pays 0% (no deductible)		Enrollee pays 0% (no deductible)		Enrollee pays 0% (no deductible)	
OUTPATIENT SERVICES						
Diagnostic X-ray/Lab Testing	Enrollee pays 4% for diagnostic X-ray after deductible; 0% for lab testing (no deductible)	Enrollee pays 8% for diagnostic X-ray after deductible; 0% for lab testing after deductible	Enrollee pays 20%		Enrollee pays 20%	
Outpatient Mental Health (Includes in-person, phone and video visits.)	Enrollee pays \$25 (no deductible); no visit limit	Enrollee pays \$55 after deductible; no visit limit	Enrollee pays 20%; no visit limit		Enrollee pays \$20; no visit limit	
ADDITIONAL SERVICES (Contact the plan for details.)						
Fitness/Weight Management	SilverSneakers membership; discounts on weight management services		Discount membership to gyms in the GlobalFit network; discounts on weight management services		Discount membership to gyms in the GlobalFit network; discounts on weight management services	
Vision Care	Enrollee pays 0% for annual routine eye exam; eyewear discounts available at participating providers		Discounts on eye exams and eyewear		Discounts on eye exams and eyewear	
Hearing	Up to \$1,000 reimbursement for hearing aids per 36 months; discount programs may also be available		Discount programs may be available		Discount programs may be available	
Telemedicine (Virtual provider visits; provider varies by plan.)	Enrollee pays \$0 for Teladoc visit (no deductible)	Teladoc visit covered at same level as in-network primary care physician or specialist physician office visit	Teladoc visit covered at same level as in-network primary care physician or specialist physician office visit		Teladoc visit covered at same level as in-network primary care physician or specialist physician office visit	
Non-Emergency Transportation (Transportation for non-emergency medical appointments.)	Enrollee pays 0%; trip and mileage allowances may apply; unlimited transportation for dialysis patients		No coverage		No coverage	

¹If providers do not accept Medicare assignment or charge in excess of Medicare payments, the enrollee is responsible for the excess charges.

²For services deemed medically necessary by the plan administrator, indemnity and out-of-network payments are based on allowed amounts determined by the prevailing geographical area fee schedule. If nonparticipating providers charge in excess of these amounts, the enrollee may be responsible for the excess charges.

³Benefits are payable after Medicare payments.

MONTHLY PREMIUMS FOR 2024

ELIGIBILITY GROUP* (See requirements below)		Medicare		Non-Medicare
		Aetna Medicare Plan (Medicare Advantage PPO)	Aetna Basic Plan (PPO or Indemnity)	Aetna Basic Plan (PPO or Indemnity)
BENEFIT RECIPIENT ELIGIBLE FOR SUBSIDY YEARS OF SERVICE		MONTHLY PREMIUM	MONTHLY PREMIUM	MONTHLY PREMIUM
Retired before 8/1/2023	Retire on or after 8/1/2023	Premiums shown below are reduced by a \$30 Medicare Part B credit for benefit recipients enrolled in an STRS Ohio Medicare plan. Enrollment in Medicare Part B is mandatory.		Medicare Part B credit does not apply.
30+	35+	25	137	279
29	34	28	140	307
28	33	32	144	335
27	32	35	147	363
26	31	39	151	391
25	30	42	154	419
24	29	46	158	447
23	28	50	162	475
22	27	53	165	503
21	26	57	169	531
20	25	60	172	558
19	24	64	176	586
18	23	67	179	614
17	22	71	183	642
16	21	74	186	670
15	20	78	190	698
Benefit Recipient Not Eligible for Subsidy		131	243	1,117
Benefit recipients enrolled in the Health Care Assistance Program pay a \$0 monthly premium. Eligible dependents pay premiums shown below.				
Spouse		161	273	1,117
Per Child		161	273	296
Disabled Adult Child		161	273	1,117

*Eligibility Requirements

- **Retire on or after Aug. 1, 2023:** At least 20 years of service credit is required to qualify for coverage and a subsidy.
- **Retired Jan. 1, 2004–July 1, 2023:** At least 15 years of service credit is required to qualify for coverage and a subsidy.
- **Retired before Jan. 1, 2004:** No minimum years of service credit is required to qualify for coverage; however, at least 15 years of service credit is required to qualify for a subsidy.



Section 4: Medicare Enrollment Is Required

STRS Ohio requires all medical plan participants to be enrolled in Medicare Parts A & B at age 65 or when eligible. Medicare Part B is required for all enrollees. Medicare Part A is also required if it is available to you at no cost (premium free). If you decline Medicare Part B or premium-free Part A, you will no longer be eligible for STRS Ohio medical coverage.

Understanding Medicare

WHAT IS MEDICARE?

Medicare is a federal health insurance program for people age 65 and older, some people with disabilities under age 65 and people with end-stage renal disease or amyotrophic lateral sclerosis (ALS). A common misconception is that Ohio educators do not qualify for Medicare because they did not contribute to Social Security. However, you are eligible for Medicare when you turn age 65 even if you are not eligible for Social Security retirement benefits.

MEDICARE “PARTS”

Part A (hospital insurance)

STRS Ohio requires you to enroll in Medicare Part A if coverage is premium-free. Most U.S. citizens or permanent residents age 65 or older qualify for premium-free Medicare Part A (hospital insurance) based on their own employment history. You are eligible for premium-free Part A at age 65 if:

- You paid Medicare taxes for at least 40 quarters. This includes working in a federal, state or local government job (including public education) and any jobs in which you contributed to Social Security.

- You receive Social Security or Railroad Retirement benefits or you are eligible to receive these benefits but haven't filed for them yet.

If you do not qualify for premium-free Medicare Part A based on your own employment history, you may qualify based on your current or former spouse's work history if:

- You are currently married for at least one year and your spouse is age 62 or older.
- You are divorced and currently single, and you were married to your former spouse for at least 10 years.
- You are widowed and currently single, and you were married for at least nine months before your spouse died.

Please note, your spouse does not need to apply for Social Security benefits for you to be eligible for premium-free Medicare Part A based on his or her employment history.

Important: If you are not eligible for premium-free Medicare Part A at age 65 but you later become eligible through your spouse, you must contact Social Security to sign up for Medicare Part A at no cost.

Prior to age 65, you may qualify for Medicare Part A if you have a qualifying disability, end-stage renal disease or ALS.

If you believe you are not eligible for premium-free Medicare Part A, STRS Ohio may require proof of your ineligibility.

Part B (medical insurance)



STRS Ohio requires you to enroll in Medicare Part B for a monthly premium. Almost every U.S. citizen or legal resident in the United States for at least five years who is age 65 or older (or under age 65 but eligible for Medicare Part A) can enroll in Medicare Part B. If you believe you are not eligible for Medicare Part B, STRS Ohio will require proof of ineligibility.

Part C (Medicare Advantage plans)

In addition to Parts A & B, Medicare offers Part C (Medicare Advantage plans). Medicare Advantage plans are approved by Medicare and administered by private companies. You do not need to enroll in Part C — enrollment in Parts A & B or Part B-only (when you are not eligible for premium-free Part A) qualifies you for coverage under our group Medicare Advantage plans.

Part D (prescription insurance)

Medicare also offers Part D (prescription drug plans). If you want to remain enrolled in an STRS Ohio plan, you cannot enroll in any other Part D plan — all of the medical plans we offer for enrollees with Medicare Parts A & B or Part B-only already include Medicare Part D prescription coverage. Enrollment in any other Part D plan will cancel your STRS Ohio plan enrollment.

Medicare Enrollment Requirements <i>You qualify for Medicare at age 65 even if you did not contribute to Social Security.</i>		
Coverage type	Am I required to enroll?	What happens if I do not fulfill the requirement?
Part A (hospital)	Yes — You must enroll if coverage is premium free. No — Do not enroll if you must pay a premium to Medicare.	If premium-free Part A is available and you do not enroll, you will no longer be eligible for STRS Ohio health care coverage. If you must pay a Part A premium to Medicare, you do not need to enroll. However, if you later become eligible for premium-free Medicare Part A through your current or former spouse, you must sign up for Part A at no cost.
Part B (medical)	Yes — You must enroll and pay a monthly premium to Medicare.	If you do not enroll in Part B or you stop paying your monthly Part B premium to Medicare, you will no longer be eligible for STRS Ohio health care coverage.
 Proof of Medicare enrollment is required. Submit your Medicare information through your STRS Ohio Online Personal Account. 		
Part C (Medicare Advantage)	No — Enrollment in Parts A & B or Part B-only (when you are not eligible for premium-free Part A) qualifies you for coverage under STRS Ohio’s Aetna Medicare Plan.	You must not enroll in any other Medicare Advantage plan if you want to keep your coverage under the Aetna Medicare Plan.
Part D (prescription)	No — Part D prescription coverage is included in your STRS Ohio medical plan.	You must not enroll in any other Part D plan. If you do, your STRS Ohio medical and prescription coverage will be canceled.

HOW MEDICARE WORKS WITH YOUR STRS OHIO COVERAGE

Medicare Parts A & B do not replace your STRS Ohio coverage. Instead, Medicare works with your STRS Ohio plan to provide maximum hospital and medical coverage. In general, when you enroll in Medicare Parts A & B, Medicare becomes the primary payer of your hospital and medical expenses; STRS Ohio becomes the secondary payer. If you enroll in the Aetna Medicare Plan, the plan assumes responsibility for paying for covered services and receives payment from Medicare.

After you enroll in Medicare, you must pay **two separate monthly premiums**: a premium for STRS Ohio coverage (paid to STRS Ohio) and a premium for Medicare Part B coverage (paid to Medicare).

CAN YOU DELAY MEDICARE ENROLLMENT IF YOU ARE STILL EMPLOYED?

If you or your spouse is still employed and covered by a group health plan through the employer, you may choose to delay your enrollment in Medicare. However, if you delay your enrollment, you should be aware of the following:

- You will have an eight-month special enrollment period in which to sign up for Medicare after the employer health coverage ends or employment ends (whichever comes first). See Page 19 for details. You will not be subject to a late enrollment penalty if you sign up during this special enrollment period.

- If the employer has more than 20 employees, your employer health plan will be the primary payer of covered hospital and medical expenses. Your STRS Ohio plan will be the secondary payer.
- If you discontinue the employer health coverage and fail to enroll in Medicare, you will not be eligible for an STRS Ohio medical plan.

MEDICARE PRIOR TO AGE 65

Some people under age 65 qualify for Medicare due to a qualifying disability benefit through the Social Security Administration, end-stage renal disease (permanent kidney failure requiring dialysis or kidney transplant) or ALS (a progressive neurodegenerative disease often referred to as Lou Gehrig's disease). If you enroll in Medicare prior to age 65, you must send STRS Ohio proof of Medicare Parts A & B enrollment.

Note: If you are under age 65 and qualify for Medicare because of end-stage renal disease, there is a 30-month coordination period during which the Centers for Medicare & Medicaid Services requires the STRS Ohio plan to be the primary payer of your hospital and medical expenses and Medicare to be the secondary payer. During this 30-month coordination period, you will be charged the monthly premium for enrollees without Medicare.

Enrolling in Medicare

WHEN TO ENROLL IN MEDICARE

Initial enrollment period

You have a seven-month initial enrollment period in which to sign up for Medicare. This period begins three months before you turn age 65, includes the month you turn age 65 and ends three months after the month of your birthday.

For coverage to be effective the month you turn age 65, you must sign up during the first three months of the initial enrollment period (one to three months before the month of your birthday). If you wait to sign up during the last four months of the period, your effective date of Medicare will be delayed.

General enrollment period

If you miss the initial enrollment period, you can enroll during a general enrollment period from Jan. 1 through March 31 each year. Coverage begins the month after you enroll. A late enrollment penalty will apply if you don't qualify for a special enrollment period. See Page 20 for more information on extra fees for late enrollments.

Initial Enrollment Period for Medicare

Begins three months before and ends three months after the month you turn age 65

You will have **NO DELAY** in coverage if you enroll:

Three months before you turn 65 ↓ Two months before you turn 65 ↓ One month before you turn 65

Coverage begins the month you turn 65

(If your birthday is the first of the month, coverage begins the first day of the previous month.)

You will have a **DELAY** in coverage if you enroll:

The month you turn 65 ↓ One month after you turn 65 ↓ Two months after you turn 65 ↓ Three months after you turn 65

Coverage begins one month after the month you enroll

Special enrollment period

If you delay enrollment at age 65 because you or your spouse is still employed and covered by a group health plan through the employer, you can enroll in Medicare during a special enrollment period. Special enrollment allows you to enroll without paying a late enrollment penalty during either of the following time frames:

- At any time while you have employer group health coverage (your own or through your spouse); or
- During the eight-month period that begins the month employer health coverage ends or the month employment ends (whichever comes first). If you do not enroll by the end of the eighth month, general enrollment guidelines apply.

See Page 18 for additional information about delaying Medicare enrollment while employed.

HOW TO ENROLL IN MEDICARE

Enrolling in Medicare is an easy two-step process. However, it may take more than one month for the entire application process to be completed. **For best results, we recommend applying for Medicare three months before your 65th birthday.**

Step 1 — Sign up for Medicare.

Apply for Medicare three months before your 65th birthday so there is no delay in Medicare coverage.

If you are enrolling in both Medicare Parts A & B, you can complete your Medicare application online at www.ssa.gov. If you are not eligible for premium-free Part A and are enrolling in Part B-only, you must visit your local Social Security Administration office or call Social Security toll-free at 800-772-1213 to enroll.

If you visit your local office, find out which documents to bring with you to your appointment.

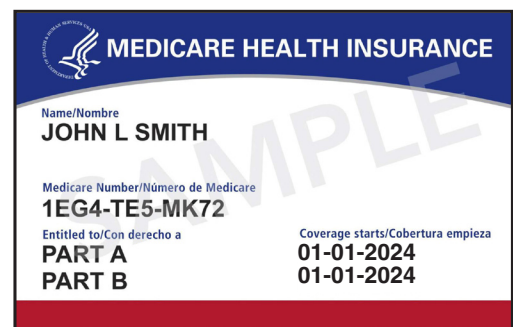
Step 2 — Send proof of Medicare enrollment to STRS Ohio.

Once you enroll in Medicare, you must provide proof of Medicare enrollment by submitting your Medicare information through your STRS Ohio Online Personal Account. (Your Medicare information can be found on your Medicare card.) To submit your information:

- Log in to your Online Personal Account at www.strsoh.org.
- Click “Health Care.”
- Click “Submit Medicare Information” under Useful Links.

If you do not have an Online Personal Account, first register at www.strsoh.org by clicking “Register” at the top of the home page. Once you create your account, follow the instructions above to submit your Medicare information.

Important: If you do not submit proof of Medicare enrollment, you will not be eligible for STRS Ohio health care coverage.



Note: Please check all information on your Medicare card for accuracy. If it is incorrect, contact Medicare to request a new card with the correct information.

New Plan Options and Premiums

YOUR PLAN OPTIONS AND PREMIUMS WILL CHANGE

After you submit proof of Medicare enrollment to STRS Ohio, you will be eligible for the Aetna Medicare Plan in addition to the Aetna Basic Plan. The Aetna Medicare Plan has lower premiums and out-of-pocket costs than the Aetna Basic Plan.

Premiums for benefit recipients with Medicare are lower than non-Medicare premiums. Also, premiums for benefit recipients with Medicare are reduced by a \$30 Medicare Part B premium credit.

You can review your new plan options and premiums in your STRS Ohio Online Personal Account or contact STRS Ohio for this information.

Note: *If you are not currently enrolled in an STRS Ohio plan, initial eligibility for and enrollment in Medicare is a qualifying event that allows you to add STRS Ohio coverage outside of open enrollment. You can enroll in a plan through your STRS Ohio Online Personal Account.*

YOUR PLAN ENROLLMENT

Aetna Basic Plan participants will be enrolled in the Aetna Medicare Plan after STRS Ohio receives proof of Medicare enrollment and Medicare approves your enrollment request. If you do not want the Aetna Medicare Plan, you may opt out and select the Aetna Basic Plan. To opt out of the Aetna Medicare Plan, select “AMA Opt Out” when you submit your Medicare information through your STRS Ohio Online Personal Account.

You may select a new plan up to three months after your 65th birthday. The effective date of coverage will be the first of the month following notification to STRS Ohio, **if received by the 15th of the month**. There will be no interruption in your STRS Ohio coverage.

Be aware, your plan selection cannot be processed until STRS Ohio receives proof of Medicare enrollment. Any delay in submitting this proof will delay your enrollment in the plan you select.

If you are selecting the Aetna Medicare Plan, you will not be officially enrolled in the plan until Medicare approves your enrollment request. Additionally, once enrolled, you must not subsequently sign up for another Medicare Advantage plan. If you do, your STRS Ohio coverage will be canceled by Medicare.

In addition, the prescription coverage included with your STRS Ohio medical plan will be provided by SilverScript, a Medicare Part D plan. Enrollment in any other Part D plan will cancel your STRS Ohio medical and prescription coverage.

Note: *If you select the Aetna Medicare Plan, your out-of-network annual deductible and out-of-pocket maximums will transfer to your new plan from the Aetna Basic Plan.*

After You Enroll in Medicare

PAYING YOUR MEDICARE PART B PREMIUMS

Your Medicare Part B premium is **not included** in your monthly STRS Ohio medical plan premium. It is a separate premium that must be paid to Medicare, not to STRS Ohio.

If you receive a monthly Social Security, Railroad Retirement or Civil Service Retirement payment, your Medicare Part B premium will be deducted automatically from this payment. Otherwise, Medicare will send you a bill for your Part B premium.

Another payment option, which STRS Ohio recommends if you will be billed by Medicare, is to have your Part B premium automatically deducted through Medicare Easy Pay. This is a free, electronic payment option offered by Medicare. Through Medicare Easy Pay, Medicare automatically deducts the premium payment from your savings or checking account. To sign up for Medicare Easy Pay, call Medicare toll-free at 800-633-4227.

Pay your monthly Medicare Part B premium before the due date to avoid cancellation of your Medicare Part B coverage. If your Part B coverage is canceled, you will no longer be eligible for STRS Ohio health care coverage.

EXTRA FEES FOR LATE ENROLLMENTS AND HIGHER INCOMES

Medicare charges late enrollment penalties if you delay enrollment in Medicare Part B or go 63 days or more without Medicare Part D or creditable prescription coverage. This additional cost will be charged as long as you have Medicare coverage. Also, Medicare Part B and Part D enrollees with higher annual incomes are subject to monthly Medicare surcharges. Surcharges vary by income levels set by Medicare. Failure to pay surcharges will result in cancellation of your STRS Ohio medical coverage by Medicare. Visit www.medicare.gov for more information.

MEDICARE PART B PREMIUM CREDIT

Benefit recipients enrolled in an STRS Ohio Medicare plan receive partial reimbursement for paying their monthly Part B premium to Medicare. The reimbursement is provided through lower premiums, which are reduced by a \$30 Medicare Part B credit.

MEDICARE PART B-COVERED DRUGS AND SUPPLIES

Medicare Part B covers a limited number of drugs/supplies as determined by the Centers for Medicare & Medicaid Services. Following are examples of drugs/supplies covered by Medicare Part B:

- Diabetic supplies such as blood sugar testing monitors, test strips, lancets and lancet devices, and blood sugar control solutions.
- Injections administered in a doctor's office.
- Certain oral cancer drugs.
- Drugs used with some types of durable medical equipment, such as a nebulizer or external infusion pump.
- Under limited circumstances, certain drugs administered in a hospital outpatient setting.

Please contact Aetna for additional information on Medicare Part B-covered drugs and supplies.

QUALIFYING FOR EXTRA HELP WITH PRESCRIPTION COSTS

Medicare offers a low-income subsidy program to qualified participants in a Medicare Part D prescription plan. Under the program (also called Extra Help), participants may pay a lower deductible and lower copayment amounts for covered prescription drugs. Medicare, *not STRS Ohio*, determines if participants qualify for the subsidy program.

Medicare works directly with SilverScript to determine if you qualify for assistance. If you qualify, SilverScript will send you a letter informing you about the program. If you receive a letter from SilverScript, you will be enrolled automatically in the subsidy program offered by Medicare. If you do not receive a letter and believe you may qualify for assistance, you can call Medicare directly for more information or to request an application.



Confused About Medicare? We Can Help

Understanding Medicare and its requirements can sometimes be confusing. That's why we offer the webinar, *Medicare Enrollment and STRS Ohio*. We'll guide you through the Medicare enrollment process, provide information specific to new Medicare enrollees and address any questions you submit during the live presentation. To register for this free webinar, go to the Receiving Benefits section of our website at www.strsoh.org and select "Seminars & Webinars."